

## Washington State Child Support Schedule Worksheets

[ ] Proposed by [ ] Mother [ ] Father [ ] State of WA [ ] Other \_\_\_\_\_.  
(CSWP)

Or, [ ] Signed by the Judicial/Reviewing Officer. (CSW)

**Mother** \_\_\_\_\_ **Father** \_\_\_\_\_

**County** \_\_\_\_\_ **Superior Court/OAH Case No.** \_\_\_\_\_

### Child Support Order Summary Report

- A. The order [ ] **does** [ ] **does not** replace a prior court or administrative order.
- B. The STANDARD CALCULATION listed on line 15e of the Worksheet for the paying parent is:  
\$\_\_\_\_\_.
- C. The TRANSFER AMOUNT ordered by the Court from the Order of Child Support is: \$\_\_\_\_\_ to be paid by [ ] mother [ ] father.
- D. The Court deviated (changed) from the STANDARD CALCULATION for the following reasons:  
     [ ] Does not apply  
     [ ] Nonrecurring income                      [ ] Sources of income and tax planning  
     [ ] Split custody                                [ ] Residential schedule (including shared custody)  
     [ ] Children from other relationships for whom the parent owes support  
     [ ] High debt not voluntarily incurred and high expenses for the child(ren)  
     [ ] Other (please describe): \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_.
- E. Income for the Father is [ ] imputed [ ] actual income.  
Income for the Mother is [ ] imputed [ ] actual income.
- F. If applicable: [ ] All health care, day care and special child rearing expenses are included in the worksheets in Part II.

## Worksheets

<b>Children and Ages:</b>		
<b>Part I: Basic Child Support Obligation</b> (See Instructions, Page 1)		
1. Gross Monthly Income	<b>Father</b>	<b>Mother</b>
a. Wages and Salaries	\$	\$
b. Interest and Dividend Income	\$	\$
c. Business Income	\$	\$
d. Spousal Maintenance Received	\$	\$

e. Other Income	\$	\$
f. Total Gross Monthly Income (add lines 1a through 1e)	\$	\$
2. Monthly Deductions from Gross Income	<b>Father</b>	<b>Mother</b>
a. Income Taxes (Federal and State)	\$	\$
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$	\$
c. State Industrial Insurance Deductions	\$	\$
d. Mandatory Union/Professional Dues	\$	\$
e. Pension Plan Payments	\$	\$
f. Spousal Maintenance Paid	\$	\$
g. Normal Business Expenses	\$	\$
h. Total Deductions from Gross Income (add lines 2a through 2g)	\$	\$
3. Monthly Net Income (line 1f minus 2h)	\$	\$
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3) (If combined monthly net income is less than \$600, skip to line 7.)		\$
5. Basic Child Support Obligation (enter total amount in box -->) Child #1 _____ Child #3 _____		\$
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)	.	.
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5) (If combined net monthly income on line 4 is less than \$600, enter each parent's support obligation of \$25 per child. Number of children: _____. Skip to line 15a and enter this amount.)	\$	\$
<b>Part II: Health Care, Day Care, and Special Child Rearing Expenses</b> (See Instructions, Page 3)		
8. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	\$	\$
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)		\$
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)		\$
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e., if "0" or negative, enter "0")		\$
9. Day Care and Special Child Rearing Expenses		
a. Day Care Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses		

(add lines 9a through 9d)	\$	\$
10. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 9e)	\$	
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	\$	
	<b>Father</b>	<b>Mother</b>
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$	\$
<b>Part III: Gross Child Support Obligation</b>		
13. Gross Child Support Obligation (line 7 plus line 12)	\$	\$
<b>Part IV: Child Support Credits</b> (See Instructions, Page 3)		
14. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)	\$	\$
d. Total Support Credits (add lines 14a through 14c)	\$	\$
<b>Part V: Standard Calculation/Presumptive Transfer Payment</b> (See Instructions, Page 4)		
15. Standard Calculation		
a. Amount from line 7 if line 4 is below \$600. Skip to Part VI.	\$	\$
b. Line 13 minus line 14d, if line 4 is over \$600 (see below if appl.)	\$	\$
Limitation standards adjustments		
c. Amount on line 15b adjusted to meet 45% net income limitation	\$	\$
d. Amount on line 15b adjusted to meet need standard limitation	\$	\$
e. Enter the lowest amount of lines 15b, 15c or 15d	\$	\$
<b>Part VI: Additional Factors for Consideration</b> (See Instructions, Page 4)		
16. Household Assets (List the estimated present value of all major household assets.)	<b>Father's Household</b>	<b>Mother's Household</b>
a. Real Estate	\$	\$
b. Stocks and Bonds	\$	\$
c. Vehicles	\$	\$
d. Boats	\$	\$
e. Pensions/IRAs/Bank Accounts	\$	\$
f. Cash	\$	\$
g. Insurance Plans	\$	\$
h. Other (describe)	\$	\$

	\$	\$
	\$	\$
17. Household Debt (List liens against household assets, extraordinary debt.)		
	\$	\$
	\$	\$
	\$	\$
(Household Debt continued)	Father's Household	Mother's Household
	\$	\$
	\$	\$
	\$	\$
18. Other Household Income		
a. Income Of Current Spouse (if not the other parent of this action) Name _____ Name _____	\$ \$	\$ \$
b. Income Of Other Adults In Household Name _____ Name _____	\$ \$	\$ \$
c. Income Of Children (if considered extraordinary) Name _____ Name _____	\$ \$	\$ \$
d. Income From Child Support Name _____ Name _____	\$ \$	\$ \$
e. Income From Assistance Programs Program _____ Program _____	\$ \$	\$ \$
f. Other Income (describe) _____ _____	\$ \$	\$ \$

_____		
19. Non-Recurring Income (describe)  _____  _____  _____	\$  \$	\$  \$
20. Child Support Paid For Other Children		
Name/age: _____	\$	\$
Name/age: _____	\$	\$
Name/age: _____	\$	\$
21. Other Children Living In Each Household		
(First names and ages)		

22. Other Factors For Consideration

**Signature and Dates**

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
Judge/Reviewing Officer

\_\_\_\_\_  
Date

**This worksheet has been certified by the State of Washington Administrative Office of the Courts.  
Photocopying of the worksheet is permitted.**